

New Hampshire Department of Environmental Services
29 Hazen Drive
P. O. Box 95
Concord, New Hampshire 03301 (603) 271-3644
FAX (603) 271-2181



1-mar-2005

Registration for Underground Storage Tank Systems

Type of Registration	State Use Only		
Instructions: Please type or print in ink all items except "signature" in Section VII. This form must be completed for each location containing underground storage tanks. If more than four (4) USTs are owned at this location, photocopy the following sheets, and staple additional sheets to this form. Also, provide a site plan and facility layout. (May be an accurate hand sketch).	ID Number: _____ Site Number: _____ Date Received: _____ <table border="1"> <tr> <td>Active Tanks: _____</td> <td>Closed Tanks: _____</td> </tr> </table>	Active Tanks: _____	Closed Tanks: _____
Active Tanks: _____	Closed Tanks: _____		

I. Facility Owner (Tank System Owner)	II. Location of Tank Systems
Owner Name _____	Facility Name _____
Mailing Address _____	Street Address (DO NOT USE POST OFFICE BOX) _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone Number (include area code) _____ Extension _____	County _____

III. Land Owner	IV. Stored Product Owner
Land Owner Name _____	Stored Product Owner Name _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone Number (include area code) _____ Extension _____	Phone Number (include area code) _____ Extension _____

V. Type of Owner	VI. Type of Facility		
<input type="checkbox"/> Federal Gov't. <input type="checkbox"/> Commercial <input type="checkbox"/> State Gov't. <input type="checkbox"/> Private <input type="checkbox"/> Local Gov't.	<table> <tr> <td> <input type="checkbox"/> Gas Station <input type="checkbox"/> Local Government <input type="checkbox"/> Contractor <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> State Government <input type="checkbox"/> Trucking / Transportation <input type="checkbox"/> Air Taxi <input type="checkbox"/> Federal - Military <input type="checkbox"/> Federal - Non-Military </td> <td> <input type="checkbox"/> Utilities <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Railroad <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Explain) </td> </tr> </table>	<input type="checkbox"/> Gas Station <input type="checkbox"/> Local Government <input type="checkbox"/> Contractor <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> State Government <input type="checkbox"/> Trucking / Transportation <input type="checkbox"/> Air Taxi <input type="checkbox"/> Federal - Military <input type="checkbox"/> Federal - Non-Military	<input type="checkbox"/> Utilities <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Railroad <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Gas Station <input type="checkbox"/> Local Government <input type="checkbox"/> Contractor <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> State Government <input type="checkbox"/> Trucking / Transportation <input type="checkbox"/> Air Taxi <input type="checkbox"/> Federal - Military <input type="checkbox"/> Federal - Non-Military	<input type="checkbox"/> Utilities <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Farm or Residential <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Railroad <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other (Explain)		

VII. Certification		
As facility owner I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.		
Print Name and Title of Owner: _____	Signature: _____	Date Signed: _____

[illegible]

8. Piping System:					
Suction (No Check Valve at Tank)					
Suction (Check Valve at Tank)					
Pressure					
Gravity					
Siphon					
Line Leak Detector (manufacturer)					
Date installed:					
9. Spill Buckets Installed (Date):					
Identify all Remote Fills					
10. Primary Overfill Device (Date):					
Ball Float					
Automatic Shut Off Valve					
Audible High Level Alarm					
Other					
11. Inventory Monitoring is Being Done:		Yes No	Yes No	Yes No	Yes No
12. Release Detection:					
Automatic Tank Gauge (date & manufacturer)					
Tank Interstitial Monitor (manufacturer)					
Piping Interstitial Monitor (manufacturer)					
Vapor Monitoring					
Groundwater Monitoring					
Line Tightness test					
Manual Tank Gauging					
Other					
13. Corrosion Protection:					
(Tank =T; Piping =P; Flex Conn or Fiitngs =F)					
Sacrificial Anodes		T P F	T P F	T P F	T P F
Impressed Current		T P F	T P F	T P F	T P F
Other		T P F	T P F	T P F	T P F
14. Tightness Testing:					
Tank (Date / Results)					
Piping (Date / Results)		_____	_____	_____	_____
		_____	_____	_____	_____
15. System:					
Has Tank been repaired?					
Has piping been repaired?					

Total # of Gas Tanks